MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51							
2		/					52							
3		/					53							
4		/					54							
5		/					55							
6		/					56							
7	/						57							
8	/						58							
9	/						59							
10		/					60							
11		/					61							
12		/					62							
13			/	/	/		63							
14				/		/	64							
15				/		/	65							
16				/		/	66							
17				/			67							
18				/		/	68							
19				/		/	69							
20				/		/	70							
21				/		/	71							
22				/		/	72							
23				/		/	73							
24				/		/	74							
25				/		/	75							
26				/		/	76							
27				/		/	77							
28				/		/	78							
29				/		/	79							
30				/		/	80							
31				/		/	81							
32				/		/	82							
33			/		/		83							
34				/		/	84							
35			/		/		85							
36				/		/	86							
37				/		/	87							
38			/			/	88							
39				/		/	89							
40				/		/	90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4		3		3		TOTAL IND.							
TOTAL DEP.	8		26		26		TOTAL DEP.							
TOTAL CLAIMS	12		29		29		TOTAL CLAIMS							